

California State University, Sacramento  
**Public User Fee Request Form**

Date: \_\_\_\_\_

Name of Fee: \_\_\_\_\_

(see University Policy Manual for Implementation of Public user Fees): [Public User Fees, Implementation of](#)

**Proposed action effective** (specify date): \_\_\_\_\_

- Establish a new fee/person of \$ \_\_\_\_\_
- Change an existing fee. Current amount of the fee/person \$ \_\_\_\_\_
- Increase the fee/person to \$ \_\_\_\_\_
- Decrease the fee/person to \$ \_\_\_\_\_
- Eliminate the fee.

Department: \_\_\_\_\_ Dept ID: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Title: \_\_\_\_\_  
(Department/Unit Manager, must be MPP)

Contact #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Reviewed/Approved:** *I recommend approval of the proposed fee action.*

Sponsor: \_\_\_\_\_ Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Dean/Program Admin: \_\_\_\_\_ Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Division Vice President: \_\_\_\_\_ Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Complete:** Page 2 – **Rationale for the Fee** and Page 3 – **Fee Revenue/Expense Projections**  
Page 4 – **Approvals Page** (print and submit with pages 1-3)

Please submit the Public User Fee Request Form with original signatures to:  
Associate Vice President for Financial Services, Sacramento Hall, Campus Zip 6038

**Public User Fee Request Form – Page 2**  
**Rationale for the Fee**

**Name of Proposed Fee:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_ **Proposed Fee Amount:** \_\_\_\_\_

*Please limit your response to this page.*

1. Why is this service or facilities being provided to the general public by the University?
2. Describe how services, facilities or materials provided are integral to the University's mission.
3. Describe how services, facilities or materials provided are essential to the public, offered at a reasonable price with reasonable terms, and at convenient times and location.
4. Describe how the provision of the services, facilities or materials is for the primary benefit of the campus community, but fulfill a public need.
5. Document the costs associated with providing the service or facilities and support the fee being charged.

**Public User Fee Request - Page 3**  
**Fee Revenue/Expense Projection**

Name of Proposed Fee: \_\_\_\_\_

Department Name: \_\_\_\_\_ Proposed Fee Amount(s): \_\_\_\_\_

Note: minimum revenue threshold for new fees is \$500 per year. This is an active Excel worksheet. You can amend the format to meet your revenue and expense calculation needs. Double click on the sheet to activate the worksheet.

**Projections for one year**

<b>Revenue Projections</b>	Proposed Fee (nearest whole \$)	# Individuals/t erm	# terms/ year	Estimated Revenue
Fee name				\$0
Fee name				\$0
Fee name				\$0
Fee name				\$0
Fee name				\$0
(insert rows to expand # of lines)				
<b>Subtotal, Estimated Revenue</b>				\$0

<b>Expenditure Projections</b>	Cost/item	# items	Estimated Expense
Cost item or category			
Cost item or category			
Cost item or category			
Cost item or category			
Cost item or category			
Cost item or category			
Cost item or category			
Cost item or category			
Cost item or category			
Cost item or category			
Cost item or category			
(insert rows to expand # of lines)			
			\$0

**Net** \$0

**Average annual debt payments (if applicable)** \$0

**Debt Coverage Ratio for funds with outstanding capital project loans** #DIV/0!

**Public User Fee Request Form – Page 4**  
**Approval Signatures**

Name of Fee: \_\_\_\_\_

Department: \_\_\_\_\_ Dept ID: \_\_\_\_\_

**Proposed action effective** (specify date): \_\_\_\_\_

- Establish a new fee/person of \$ \_\_\_\_\_
- Change an existing fee. Current amount of the fee/person \$ \_\_\_\_\_
  - Increase the fee/person to \$ \_\_\_\_\_
  - Decrease the fee/person to \$ \_\_\_\_\_
  - Eliminate the fee.

**Is there Unrelated Business Income:** No \_\_\_\_\_ Yes \_\_\_\_\_

**Reviewed/Approved:** *I recommend approval of the proposed fee action.*

AVP for Financial Services Signature	Printed Name	Date
University Auditor Signature	Printed Name	Date
AVP for Budget Planning & Admin Signature	Printed Name	Date
CFO/VP for Admin & Business Affairs Signature	Printed Name	Date

**If Public User Fee Request passed the “Reviewing” stage then:**

1. CFO/VP for ABA - Submit a copy of Public User Fee Request and Approval memo to the President (For new fees only)
2. For Changes in Fee Level – the CFO/VP for Admin & Business Affairs signature on the above line acts as approval

If Public User Fee is approved by the President then AVP for Finance will notify the Sponsor and Accounting Services to establish the necessary financial records in University Trust Fund.